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Express Mail No.: ER543239627US

Application Number	
Filing Date	herewith
First Named Inventor	Truman Dean Hainline
Title	Coil Winding Machine
Group Art Unit	
Examiner Name	
Attorney Docket Number	10226-006

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

I hereby appoint:

Practitioners at Customer Number  
OR

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Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Firm or Individual Name	David Chambers, 50,788				
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Country	USA				
Telephone	309-637-4900	Fax	309-637-4928		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	ROBERT E. FRANZWA
Signature	<i>Robert E. Franzwa</i>
Date	DEC 23, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to Mail Stop Comments – Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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		Express Mail No.	ER543239627US
DECLARATION FOR UTILITY, DESIGN, DIVISIONAL AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63)		Attorney Docket Number	10226-006
		First Named Inventor	Truman Dean Hainline
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		<b>COMPLETE IF KNOWN</b>	
<input type="checkbox"/> Supplemental Declaration Submitted		<input type="checkbox"/> Declaration Submitted for Continuation-In-Part Filing	<input type="checkbox"/> Declaration Submitted for Divisional Filing
		Application Number	
		Filing Date	herewith
		Group Art Unit	
		Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Coil Winding Machine

*(Title of the Invention)*

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)   as United States Application Number or PCT InternationalApplication Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Certified Copy Attached?	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: Customer Number  
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OR

Correspondence address below

**Name** David Chambers**Address** 190 Carondelet Plaza, Suite 600**City** St. Louis**State** MO**ZIP** 63105**Country** USA**Telephone** 309-637-4900**Fax** 309-637-4928

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**  A petition has been filed for this unsigned inventor**Given Name**  
(first and middle [if any]) Truman Dean**Family Name**  
or Surname Hainline**Inventor's  
Signature***Truman Dean Hainline***Date***12/23/03***Residence:**  
**City**

Dunlap

**State**

IL

**Country**

USA

**Citizenship**

US

**Mailing Address** 1436 West Grandridge Court**City** Dunlap**State**

IL

**ZIP**

61525

**Country**

USA

**NAME OF SECOND INVENTOR :**  A petition has been filed for this unsigned inventor**Given Name**  
(first and middle [if any])**Family Name**  
or Surname**Inventor's  
Signature****Date****Residence:**  
**City****State****Country****Citizenship****Mailing Address****City****State****ZIP****Country** Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Express Mail No.  
ER543239627US

PTO/SB/96 (08-00)

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**STATEMENT UNDER 37 CFR 3.73(b)**

Assignee/Patent Owner: Sommer Products Company

Application No./Patent No.: \_\_\_\_\_ Filed/Issue Date: herewith

Entitled: Coil Winding Machine

Sommer Products Company, an Illinois Corporation,

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From \_\_\_\_\_ To: \_\_\_\_\_  
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3. From \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Dec 23, 2003  
Date

ROBERT E FRANZWA  
Typed or printed name

Robert E. Franzwa  
Signature

PRESIDENT  
Title

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